

ISSUE SLIF STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TH	8	07/10/01
O.I.P.E. CLASSIFIER			5-20-01
FORMALITY REVIEW			07-05-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	1/22/01
1 1	1/22/01
2 2	1/22/01
3 3	1/22/01
4 4	1/22/01
5 5	1/22/01
6 6	1/22/01
7 7	1/22/01
8 8	1/22/01
9 9	1/22/01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE COPY

07/05/01